

## ORIGINAL RESEARCH

# Sustainability Criteria for CBR Programmes – Two Case Studies of Provincial Programmes in Vietnam

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### ABSTRACT

**Purpose:** *This paper aims to explore the conditions needed for sustainable community based rehabilitation (CBR) programmes for persons with disabilities in Vietnam, and to identify the conditions and opportunities missing at present for the implementation of such programmes.*

**Method:** *Two CBR programmes in Vietnam, one medical based and one comprehensive (medical, educational, livelihood, social and empowerment), were evaluated for requirements and the current situation. Four factors were taken into account - human resources, organisational setting, social and political environment, and financing. Data were collected through interviews with programme managers and focus groups with stakeholders from provincial, district and communal levels, and with persons with disabilities. Persons with disabilities also completed a questionnaire to evaluate their satisfaction with the programme and their involvement in it.*

**Results:** *The conditions needed for a sustainable CBR programme were identified: availability of human resources, training, monitoring and evaluation, collaboration, commitment and financing. The conditions missing at present were: a stable pool of human resources (in both programmes), collaboration between sectors and with local authorities (in the medical programme), and knowledge about how to maintain financing (in both programmes). Persons with disabilities were more satisfied with their involvement in the comprehensive programme than in the medical programme. Stakeholders proposed opportunities to increase sustainability; highest priority was given to a collaboration plan (comprehensive CBR programme) and to involvement of other sectors in the CBR Steering Committee (medical CBR programme).*

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**Conclusions:** *Few differences were found in conditions needed for sustainability of the medical and comprehensive programmes. The existence of disabled persons' organisations (DPOs) seemed to be associated with the level of satisfaction persons with disabilities felt with their involvement in the programme.*

**Limitations:** *The People's Committee was not involved in this research, although their input was perceived to be important. Generalisation of the results of this study should be done with caution because health system structures and organisational levels of CBR differ.*

**Key words:** *CBR, Rehabilitation programmes, sustainability, strategies*

## INTRODUCTION

While poverty in Vietnam has been substantially reduced as a result of economic progress, unequal access to and utilisation of health care has increased (Ekman et al, 2008). Inequalities in health are increasingly concentrated in some geographic areas and among ethnic minorities (Ekman et al, 2008). The majority of the Vietnamese population (76%) lives in rural areas, where rehabilitation services are limited or non-existent (Yoder, 2004).

Since the introduction of Community Based Rehabilitation (CBR) by the WHO, many initiatives have been undertaken in developing countries. The Ministry of Health of Vietnam considers CBR the most suitable strategy to address disabilities, and has initiated CBR programmes as early as 1987. The objective of the Vietnamese CBR programmes is to integrate people with disabilities within their communities, by creating awareness about disability issues and by providing rehabilitation services as close to home as possible. In the last decades, the approach to 'treat' disability changed from viewing disability as a medical condition to be dealt with at hospitals or specialised clinics, to using a more comprehensive approach, including rehabilitation in the domains of health, education, livelihood, society and empowerment (World Health Organisation, 2004). Since many of these programmes have been introduced through projects supported by international donors, the question arises as to whether these programmes are sustainable. Evaluation of a CBR programme in North Central Vietnam revealed that CBR workers felt there were several difficulties involved in extending rehabilitation beyond medical work, and that mobilisation of local funding remained a challenge (Sharma and Deepak, 2001).

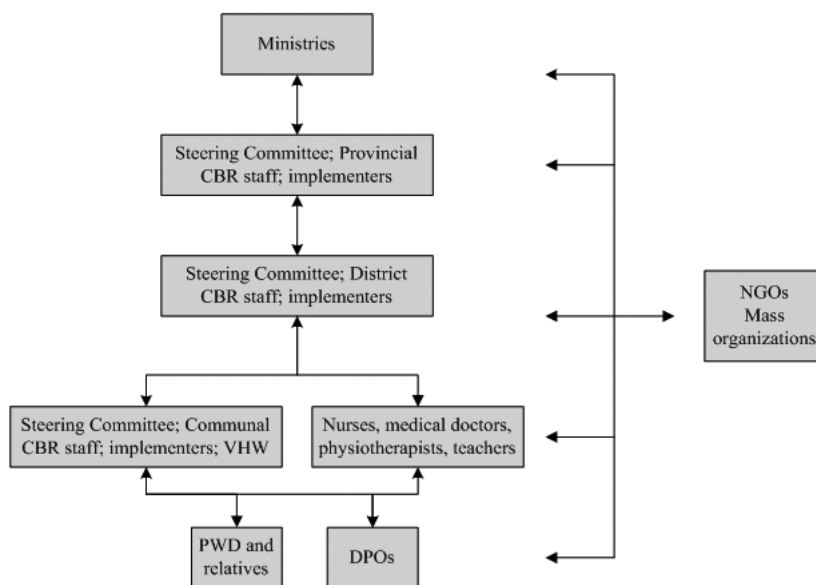
The initial focus of the CBR programmes in Vietnam was primarily on medical rehabilitation. However, it soon became apparent that medical interventions alone would not complete the rehabilitation process, and a shift from a medical to a more comprehensive focus took place (Pierdomenico, 2006). A comprehensive approach to CBR includes preventive health interventions, medical care, mainstream education, income-generating activities, social integration and empowerment. Notwithstanding the official shift in focus, currently few CBR programmes in Vietnam are comprehensive, as will be clear from one of the case studies in this article.

Medical Committee Netherlands-Vietnam (MCNV) is a Dutch NGO established in 1968, which aims to create better access to health for disadvantaged Vietnamese people. In the case of disability, MCNV supports the implementation of comprehensive CBR and inclusive education for people with disabilities in selected provinces, as well as at the national level. Focusing on CBR, MCNV supported the Ministry of Health (MOH) in developing standard manuals on planning, human resource management, and training in community-based management and care of people with disabilities. Key interventions have been aimed at strengthening the capacity for rehabilitation in general, and CBR in particular, by health staff and stakeholders at all levels within the CBR network, with special attention paid to early detection and early intervention for children with a disability. In the provinces of Dak Lak, Cao Bang, Quang Tri, Phu Yen and Khanh Hoa, MCNV has assisted the MOH with setting up comprehensive CBR programmes. These are meant to serve as models to show how comprehensive programmes could be replicated in other provinces.

### **Conceptual framework**

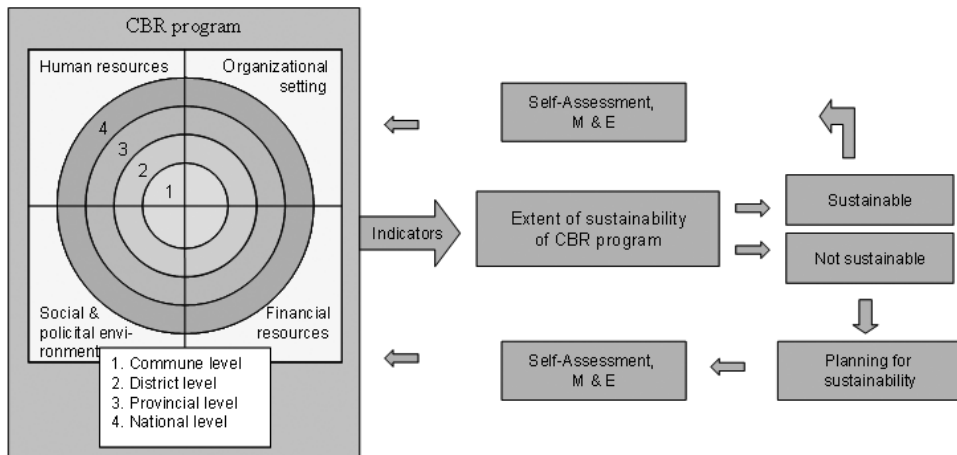
CBR projects in Vietnam are regulated at four levels - communal, district, provincial and national. Many stakeholders are involved in the development, monitoring, coordination and management of a CBR programme. They are the ministries, People's Committees (in some provinces), members of CBR Steering Committees at provincial, district and communal levels, CBR staff at all levels, Village Health Workers (VHW), nurses, medical doctors, physiotherapists, teachers, representatives of community members, persons with disabilities and families with a member with disability (see Figure 1). Other partners working in CBR include Disabled Persons' Organisations (DPOs), the Vietnamese Women Union (WU), and national and international Non-Governmental Organisations (NGOs), like MCNV.

At all levels, CBR Steering Committees plan, supervise and coordinate CBR activities, and collaborate with other (mass) organisations. A CBR Steering Committee includes representatives from different sectors, such as the government (authority), health sector, education, social welfare, and WU.



**Figure 1.** Structure of and stakeholders in Vietnamese CBR programmes. CBR = community based rehabilitation; VHW = Village Health Worker; PWD = people with disabilities; DPOs = Disabled Peoples Organisations; NGOs = Non-Governmental Organisations; Mass organisations = Red Cross, Women Union, etc.

For the CBR programmes to continue to contribute to the quality of life of persons with disabilities, they should be sustainable in the long term. Finding consensus on a definition of sustainability is difficult, because there are many definitions of and ways to understand it. They may cover programme maintenance, institutionalisation, incorporation, integration, routinisation, local or community ownership, and capacity building or 'the capacity of a project to continue to deliver its intended benefits over a long period of time' (Harvey and Hurworth, 2006; Gruen et al, 2008; Shediak-Rizkallah and Bone, 1998). A literature search led to the selection of four relevant categories to describe sustainability: human resources, organisational setting, social and political environment, and financial resources. These interact on the four levels at which CBR is working in Vietnam (see Figure 2).



**Figure 2.** Conceptual framework of the process of obtaining programme sustainability

The category of ‘human resources’ includes the people and skills that are needed to keep the CBR programmes running. The importance of this category was highlighted in several previous studies (Gruen, 2008; LaFond et al, 2002; Nu‘man et al, 2007), indicating that stakeholders of a programme are an important factor in programme sustainability, with the ability to have positive or negative effects on its implementation, capacity building, effectiveness and durability.

The category of ‘organisational setting’ includes aspects like coordination, programme outcomes and programme management, which are considered key elements in programme sustainability (Gruen, 2008; Jacobs et al, 2007; LaFond et al, 2002; Nu‘man et al, 2007; Sarriot et al, 2004a; Shediak-Rizkallah and Bone, 1998). Within CBR programmes, improved health of persons with disabilities is one of the desired outcomes, next to equal opportunities for work and education.

The category of ‘social and political environment’ includes factors in the broader context within which the programmes are integrated. Since the key idea of CBR is that it is maintained within and together with the community, community involvement is an important aspect of the programme. Local factors affect the vulnerability of a system; it is important to identify important differences between contexts, for example, in local health policy and in social, cultural and environmental characteristics, to promote sustainability across diverse times and places (Gruen, 2008). Furthermore, the political environment and the range and depth of community involvement will influence programme impact and endurance (Jacobs et al, 2007; Sarriot et al, 2004a; Sarriot et al, 2004b).

The fourth category, 'financial resources', covers all the financial resources that are available and/or needed. Project financing is probably the most visible factor of sustainability (Jacobs et al, 2007; Shediak-Rizkallah and Bone, 1998).

The four categories will have different implications at the four administrative levels involved in the programme, and interaction between the categories might take place. After identifying the components in the four categories of sustainability, an assessment of the extent to which those concepts are known and in place, gives an idea of how it may be possible to improve sustainability. In case the programme is found to be sustainable, regular monitoring and evaluation of these components will be needed, to ensure continuity. By monitoring and evaluation (M&E), the changes, challenges and constraints occurring within the CBR programmes can be identified, and solutions can be discussed. M&E help to determine whether the CBR programme meets the (changing) needs in the community, and to identify efficient and effective working strategies. In this way information on changing circumstances is retrieved, and the programme can be adapted. This increases the likelihood of long-term programme maintenance.

So far there has been little research on the concept of the sustainability of CBR programmes in general, or on the factors required to ensure sustainability of CBR programmes in Vietnam. The objective of this study was therefore, to identify the conditions and strategies needed at provincial level to ensure sustainability of CBR programmes in Vietnam.

## **METHOD**

Data were collected using questionnaires, interviews and focus groups involving stakeholders from all levels, to gain different perspectives on the sustainability of CBR programmes.

### **Study population**

The research population consisted of persons with disabilities, their families and CBR workers from two randomly chosen districts in each of two provinces, Dak Lak and Vŭng Tàu. The provinces were chosen because their CBR programmes differed in focus (comprehensive and medical, respectively). The comprehensive CBR programme in Dak Lak included medical rehabilitation, inclusive education, social and economic support, and empowerment training. It was developed in

cooperation with MCNV. In contrast, the CBR programme in Vũng Tàu focused only on medical rehabilitation, and was developed using provincial resources. Initiatives for inclusive education and vocational training were undertaken in that province, but were not linked to the CBR programme.

### **Data collection**

Interviews (N = 17) were held with stakeholders at national, provincial, district and communal levels, to obtain general information on CBR programmes and more in-depth information about factors that might influence programme sustainability. The interviews were semi-structured and included questions about the availability of human resources, factors within the organisational setting, social and political environment, and financing. In each province four focus groups, with 3-12 participants each, were organised. CBR stakeholders from provincial, district and communal levels, and persons with disabilities were invited for separate group sessions. Due to logistical issues, the focus groups with provincial and district-level CBR staff in Vũng Tàu were merged. The focus groups were semi-structured, and visualisation was used partly to overcome the language barrier as well as to provide structure to the information that emerged. Factors that promoted or limited sustainability of the CBR programmes were identified, and strategies to improve sustainability were discussed. Both the interviews and the focus groups were handled by the first author and supported by a translator. The translator was familiar with the project and experienced in conducting interviews. The interviews and the focus groups were audio-recorded, all participants having given permission to do so.

The views of persons with disabilities, on the services provided to them, were obtained using a questionnaire. The questions pertained to improvements in their quality of life, and their involvement in the planning and execution of the CBR programme. In each province, four local CBR staff members were trained to collect data using the questionnaire. Of the 200 persons with disabilities who were asked to participate, 182 were included in the data analysis. In case the scores for more than three questions were missing due to time constraints, inaccuracy or a participant not being able to understand a question, respondents were excluded (N = 18).

At the end of the data collection period, a workshop with all the stakeholders was conducted in each province, to validate and complete the data. An overview of the methods for data collection is shown in Table 1.

**Table 1. Data collection tools used and number of participants**

Data collection tool	Participants	Number of participants		
		Dak Lak	Vũng Tàu	Other
Key stakeholder interviews	Representative of CBR of MOH, CBR programme manager of MCNV, expert from medical university, Director of School of Hope, programme secretaries of CBR, implementer of CBR, member of local Women's Union, representative of DPO (Dak Lak only)	5	3	1
Interviews with CBR practitioners	CBR practitioners (VHWs)	4	4	–
Focus group	Provincial level CBR staff District level CBR staff Communal level CBR staff persons with disabilities and their family	5 3 12 4	8* – 10 8	–
Questionnaires	Persons with disabilities	99	83	–
Workshop	Stakeholders from all levels, persons with disabilities, family members of persons with disabilities	1	1	–

\* Focus group at both provincial and district level

## Analysis

Qualitative content analysis was conducted, to describe and interpret the data. All sessions were transcribed by a Vietnamese researcher, and translated into English for further data analysis. The first author read the texts several times and then organised the data into the four categories - human resources, organisational setting, social and political environment, and financing.

A pilot study improved inter-interviewer consistency by training the data collectors and discussing the questions, to ensure that the data collectors understood the concepts. To limit bias, the questionnaires and interview guidelines were pre-tested in both provinces, by both the researcher and the data collector. Information and pre-conclusions were validated through a workshop,



during which the preliminary results were presented to the stakeholders of the CBR programmes who were invited to give feedback.

## RESULTS

### Conditions Needed for a Sustainable Programme

The conditions needed at provincial level to sustain the CBR programmes, according to the stakeholders, can be found in Table 2. Participants in the focus groups ranked the conditions for sustainability. It was stressed that a stable cadre of CBR workers, who are regularly updated with knowledge, needed to be in place in both the medical and the comprehensive programmes. The difference lay in the focus on education and the collaboration between sectors and the DPOs in the comprehensive programme, which was not so in the medically focused programme. The two programmes also differed in their sources of finance.

**Table 2. Overview of the conditions needed for a sustainable programme, per category, as mentioned by interviewees and participants of the focus groups**

Category	Conditions needed	Dak Lak Comprehensive CBR	Vũng Tàu Medical CBR
Human resources	Avoid staff changing positions/jobs	✓	✓
	Expertise in rehabilitation, planning, monitoring, evaluation and training skills, teaching skills and communication skills; management skills	✓	✓
	Teaching skills in how people can manage expenses and how they have to set up a business plan for their family; mobilising people to support persons with disabilities and public relations skills, M&E, and skills to teach people how to manage capital (WU)	✓	
	Management, M&E, negotiation and business skills present in DPO	✓	
	System of transferring knowledge	✓	✓
	Regular trainings and/or briefings for staff at all levels	✓	✓

	Teachers with rehabilitation and counselling skills, able to encourage parents and refer children	✓	
Organisational setting	Collaboration within health sector	✓	✓
	Collaboration between sectors, with support from local government	✓	
	M&E between levels and monitoring of persons with disabilities	✓	✓
	Assessing the quality of the programme and presenting this to stakeholders with social, political and economic roles, and to the community	✓	✓
	Management that takes care of transferring knowledge and skills, raises awareness	✓	✓
	Leadership, good attitude at high level influences commitment at lower levels	✓	✓
Social and political environment	Raising awareness in community and creating a positive attitude of people towards the programme	✓	✓
	Listening to the needs of the community by involving them in the programme	✓	✓
	DPOs are in place to get the ideas from the community	✓	
	Political commitment: needed for approval of ideas and access to media, provision of resources and support for DPOs, and awareness raising	✓	✓
Financing	CBR budget mainly provided by NGOs	✓	
	CBR budget mainly provided by government		✓
	To sustain financing, both political commitment and demonstrating the effectiveness of the programme are necessary conditions	✓	✓

On the topic of organisational setting, collaboration between different levels and sectors, support by the local government, and M&E were perceived to be highly important. Local authorities have an important role in raising awareness, in policy issues and in financial support, and in some cases for approving activities of DPOs. For the existence and good functioning of DPOs, it was considered important to involve persons with disabilities and the community in the process of planning and implementation of the CBR programme, and to improve the assessment of the needs of persons with disabilities.

*“Choosing a skilful and strong leader for a DPO is very important to ensure an effective working DPO, and DPO members need management skills to be able to work independently,”* stated one of the programme managers.

The government and NGOs are the main sponsors of CBR. In Vũng Tàu the programme was mainly sponsored by the government, but in Dak Lak it was mainly by MCNV. The community did contribute, but most people were poor and could not contribute financially. One interviewee indicated that currently, Vietnam has gained experience with CBR but the NGO investments are decreasing. It is preferable that local financing bodies be (made) aware of the programme and its benefits, to create an attitude of willingness to contribute towards and support it. Obtaining financial support from the community was said to be difficult because most people were poor. Except for demonstrating the effectiveness, little information was retrieved on how financial sustainability could be achieved, because partners felt dependent on external support and were inexperienced in raising their own funds.

### **Conditions Presently Missing**

In Dak Lak the following conditions were reportedly lacking:

- Manpower and skills were not yet sufficient (at communal level). Since staff changed their jobs often, it was hard to maintain a high level of expertise.
- A collaboration plan existed but was not always implemented, because of lack of time and lack of a clear description of the roles of the involved parties.
- Financially, the programme was mainly dependent on inputs from an NGO; partners felt that other sources of financing would be hard to obtain.

In Vũng Tàu, partners identified a lack of manpower and skills mainly at communal level, similar to the finding in Dak Lak. Other missing conditions identified in this province were:

- Although stakeholders were aware of the importance of collaboration with other sectors such as education, multi-sectoral collaboration had not as yet taken place. The main reasons mentioned were shortage of human resources and of finances.
- The level of involvement of the community in the planning, implementation and M&E of the CBR programme required improvement. Less than 50% of the respondents indicated that the capacity of the community in planning, implementation and M&E was good enough.
- As the programme in Vũng Tàu was not comprehensive, it did not include a loan system nor did it provide vocational training. Persons with disabilities in this province indicated a need for those types of support. A striking observation was that the unemployment rate among persons with disabilities in this province was much higher compared to Dak Lak (80% vs. 7%), thereby supporting the need for the interventions mentioned below.

### **Strategies Needed to Improve the Current Situation**

After the missing conditions had been listed, possible strategies for improvement were discussed. Table 3 shows an overview of the strategies proposed by the informants, in relation to the four categories of the conceptual framework. The relative priority for each strategy was determined by all stakeholders during the final workshop. A timeline for the coming five years was drawn, on which the stakeholders were asked to indicate when each strategy should be started. The feasibility was also rated by the stakeholders, from 1 (= not feasible at all) to 5 (= very good feasibility).

Feasibility was taken into account in setting priorities. For example, the collaboration and the involvement of local authorities were perceived to be the most important strategies to improve sustainability, and were thought to be feasible. In contrast, setting up a loan system in Vũng Tàu had high priority, but the feasibility was rated as low because the stakeholders felt that they were unable to set up such a system themselves.

**Table 3. Overview of the strategies to improve sustainability**

Human resources	Dak Lak (DL)	Vũng Tàu (VT)	Priority	Feasibility
Training in management skills and methodological training		✓		4
Improve manpower by giving incentives/supportive policies	✓	✓		3 (VT) 2 (DL)
One person in charge of CBR	✓	✓		2 (VT) 1 (DL)
Train programme secretaries at district and communal level and VHWs (planning, communication, rehabilitation)	✓	✓	** (VT)	5 (VT) 3 (DL)
Train teachers / training module for teachers at mainstream schools	✓			3
<b>Organisational setting</b>				
Improve monitoring and evaluation	✓		** (DL)	4
Implement collaboration plan	✓		* (DL)	3
Local authorities and staff from other sectors need to join the CBR Steering Committee		✓	* (VT)	3
<b>Social &amp; political environment</b>				
Hold a workshop with local authorities of all levels about the benefits, aims and effectiveness of the programme		✓		4
Prove that the programme is effective by showing the number of persons with disabilities integrated into the society, to maintain/increase financing		✓		4
Train DPOs in organisation skills and train them how to teach other people; stimulate collaboration	✓			3

with other DPOs and local government				
Increase the amount of money per loan	✓			3
Increase involvement of local authorities by making CBR a topic of People's Committee and using the media	✓		*** (DL)	3
Let the community see the effectiveness and importance of the programme and show the abilities of persons with disabilities		✓		3
Provide supportive transportation and equipment		✓		3
Increase availability of equipment at communal level	✓			2
Make CBR programme a priority so that it will be at the same level with other programmes		✓		2
CBR programme must be a topic of the People's Committee at all levels		✓		2
Organise regular group meetings for persons with disabilities in which they can exchange experiences and raise ideas for the CBR programme		✓		2
Create conditions for persons with disabilities to entertain, with the support of culture and sports department		✓		2
Provide vocational training and create jobs for persons with disabilities		✓		2
Set up a loan-system		✓	*** (VT)	1

Financing				
Apply for budget from government; make a financial plan	✓			3
Involvement of other sectors to mobilise resources		✓		2

\*\*\* = first priority

\*\* = second priority

\* = third priority

## DISCUSSION

Although CBR is increasingly implemented in developing countries as a strategy to reach all persons with disabilities, little information on its sustainability was found in the literature. The lack of information could be due to the relative 'novelty' of the topic or to the focus of CBR stakeholders on other priorities (Lang, 2011). However, it should be stressed that in the early stages of implementation of CBR, sustainability should be on the agenda of the policy makers and implementers. This is because the final aim is to empower communities to maintain the programme themselves.

Problems with human resources appeared to be a prominent threat to the sustainability of CBR programmes (Tran, 1996). This was found both in Dak Lak and Vŭng Tàu, where human resources were lacking mainly at communal and district levels, partly due to a high turnover rate. This finding can be explained by the largely voluntary basis of the work and the time consumed by such activities. During the evaluation of a CBR programme in Jordan, it was shown that the main shortcoming was a similar high turnover of staff/volunteers. The most important reason for the high turnover there was the inability to pay staff the minimal remuneration needed (Yassir, 2004). Job motivation is influenced by both financial and non-financial incentives, like participation in decision-making and opportunities for advancement (Dieleman et al, 2003). Some non-financial incentives like participation in decision-making were in place in the provinces that were studied, but it might be fruitful to explore other incentives like food allowances or reductions on insurance fees.

When evaluating CBR programmes, the scope of the programme needs to be considered. Even though this study showed that a comprehensive programme

might be what the stakeholders aspire to in order to meet the needs of people with disabilities, it might not be feasible in all settings because of few opportunities for collaboration, lack of social and political support structures, and finances. The collaboration factor is one of the main differences between the medical focus and comprehensive CBR. To ensure sustainability, cross-disciplinary collaboration is essential (Gruen et al, 2008; Nordqvist et al, 2009). If collaboration is good within a comprehensive programme, there is greater likelihood that the programme will be more sustainable than the purely medical focus, because of a bigger network of all kinds of resources. On the other hand, collaboration within the medical sector alone might be less complex and easier to accomplish than collaboration across sectors, as the quality of collaboration would contribute to sustainability.

M&E emerged as a prerequisite for a sustainable programme, because it was considered an opportunity to exchange ideas and learn from one another about issues such as the level of integration, newcomers, or emerging problems. Available and feasible methods for evaluation of CBR programmes have to be investigated and applied, in order to provide policy makers, donors and other stakeholders with data to demonstrate the benefits of CBR; the absence of such evidence is often deleterious for funding (Sharma, 2004). In addition, good results on the indicators for monitoring and evaluation are vital for continued progress of CBR programmes (Wirz and Thomas, 2002). They are a useful tool to make the programme transparent, which again is more likely to facilitate multi-sectoral collaboration, which leads to better decision making, creates confidence among stakeholders, gives an image of capabilities and increases information sharing (Shediak-Rizkallah and Bone, 1998).

Capacity building strategies generally call for long-term commitment and considerable and consistent involvement of community members (Pollard and Sakellariou, 2001). Both the contextual and conceptual aspects of CBR influence the length and nature of involvement of people with disabilities. In Vŭng Tàu the level of community involvement was a factor for improvement, while in Dak Lak community involvement was rated as good. This might imply that in Dak Lak the contextual or conceptual aspects are more developed.

The different respondents in this study could not propose many ways to ensure financial support. Issues like mechanisms to make the system more self-financing, transition from NGO funding to other sources, income generation by persons with disabilities, or increasing the willingness to pay by the community, did not come up or were perceived as unachievable. It seems to indicate the need for



empowerment of the stakeholders with regard to this topic. In Vũng Tàu the programme was sponsored by the Provincial People's Committee, which has decreased the budget since the onset of the programme. The reason for this is that there were costs involved in starting up the programme; now that it is running, a smaller budget is needed. However, turning this into a comprehensive programme will probably lead to more expenditure.

One limitation of this study is that the People's Committees were not involved, so their point of view was not obtained. The other stakeholders perceived their inputs to be important. On the other hand, the results of the study might be a good starting point for a discussion between the CBR stakeholders and the People's Committees. A minor limitation was the necessity to combine the focus group discussions with provincial and district levels in Vũng Tàu, which might have influenced the openness of the conversation. However, using techniques like individually noting down ideas before discussing them, gave all participants the chance to provide inputs. In some cases the VHW was present during the questionnaire interview with the persons with disabilities, which may have led to bias when answering questions related to the VHW. Nevertheless, in most cases the VHW and persons with disabilities worked well together, so the presence of the VHW should not have caused much bias. The research was done in a country where CBR has been on the agenda for a long time and is familiar to all the participants. Therefore, generalisation of the results of this study in other contexts should be done with caution, because the structures of health systems and organisational levels of CBR will differ between, and even within, other countries.

## CONCLUSION

Adequate human resources, inter-sectoral collaboration, commitment of local authorities and sufficient financing were the factors most frequently mentioned as essential for a sustainable CBR programme. In both provinces, sustainability of the CBR programme was partly established but not yet secure. Therefore the authors strongly recommend that both provinces develop and implement an action plan to build capacity and select strategies for sustainability of their CBR programmes. Efficient and effective monitoring and evaluation are needed to demonstrate the quality of the CBR programme, and could be used as evidence to gain increased commitment and particularly financial support, from local authorities. This study also shows the benefits of the organisations for people with

disability, which indicates that promoting DPO development in other provinces and other countries may be helpful, and may add to the aims of CBR. Further research could develop specific indicators that the stakeholders themselves could use to assess sustainability.

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